

OCCUPATION TAX APPLICATION  
CITY OF WARNER ROBINS  
OCCUPATION TAX DIVISION  
202 N. DAVIS DR  
PMB 718  
WARNER ROBINS, GA. 31093  
(478) 929-1139 FAX: ( 478) 929-1957.

This application is not for these types of business:  
Alcohol, Bondsmen, Carnivals, Circuses, Massage Therapy, Pawnbrokers,  
Peddlers, Secondhand Dealers, Tattoo Parlors, Taxi Cabs, Tent Sales

\*\*\*Are you in Law Enforcement, Education, or a Judge \_\_\_ Yes \_\_\_ No\_\_\_

Check One: New \_\_\_  
Amended\_\_\_

NAME OF BUSINESS \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUS INESS PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FEDERAL I.D. # \_\_\_\_\_ FAX# \_\_\_\_\_

OWNER \_\_\_\_\_ SS# \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MANAGER \_\_\_\_\_ SS# \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

MANAGER ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHECK ONE: PARTNERSHIP \_\_\_\_\_ CORP \_\_\_\_\_ LLC \_\_\_\_\_ SOLE OWNER \_\_\_\_\_

IF CORPORATION: NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOMINANT LINE OF BUSINESS \_\_\_\_\_

IF EATING ESTABLISHMENT DO YOU DERIVE AT LEAST 2/3 OF YOUR TOTAL ANNUAL  
GROSS FOOD AND BEVERAGE SALES FROM THE SALE OF PREPARED MEALS OR FOOD.

YES/NO

NUMBER OF EMPLOYEES # \_\_\_\_\_ (fee based on number of employees)  
includes a \$25.00 administrative fee

AVERAGE NUMBER OF EMPLOYEES DURING THE LAST 12 MONTHS FOR BUSINESS AT THIS  
LOCATION. (FULL TIME EQUIVALENT INCLUDING OWNER AND FAMILY MEMBERS  
WORKING IN BUSINESS):

\*NOTE\*

Each subcontractor or independent agent must fill out an occupation taxation return. List on a  
separate sheet of paper the name, address and phone number of that subcontractor or independent  
agent. Enclose this listing with your return.

\*\*\*\*\*

CERTIFICATION

I certify that the forgoing information is true and correct.  
I understand that falsification of any part of this tax return  
may cause denial or closure of business:

Applicant Signature \_\_\_\_\_  
This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

-OVER-

## REQUIREMENTS

- \*\* ANY PERSON ENGAGED IN A PROFESSION OR BUSINESS REQUIRED TO BE LICENSED BY THE STATE UNDER TITLE 43, MUST PROVIDE A COPY OF SUCH LICENSE**
- \*\* ANY BUSINESS REQUIRED TO OBTAIN HEALTH PERMITS, BONDS CERTIFICATES OF QUALIFICATIONS, CERTIFICATES OF COMPETENCY, OR ANY OTHER REGULATORY MATTER MUST PROVIDE EVIDENCE THAT REQUIREMENTS HAVE BEEN MET.**
- \*\* ALL OCCUPATION TAXES ARE DUE AND PAYABLE WHEN THE BUSINESS IS COMMENCED (CODE SECTION 10-315)**
- \*\* ANY NEW BUSINESS OPENING AFTER APRIL 1 OF THE CURRENT YEAR SHALL BE PRO-RATED QUATERLY**
- \*\* ALL LICENSE EXPIRE DECEMBER 31 OF THE CURRENT YEAR ISSUED**
- \*\* COPY OF S.A.V.E. AND E-VERIFY DOCUMENTS (ATTACHED) W/REQUIRED DOCUMENTS**

**No application will be accepted without all required copies and NOTARIZED signatures. Please Have the copies made before turning in to the Licensing department.**

**For Official Use Only**  
**City of Warner Robins**

Lease \_\_\_\_\_ Health Permit \_\_\_\_\_ State License \_\_\_\_\_ Dept Agriculture \_\_\_\_\_  
E-Verify \_\_\_\_\_ S.A.V.E. \_\_\_\_\_

Building Official

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Fire Department

Zoning Official

Date Issued \_\_\_\_\_

City Clerk

COMMENTS:

10/2012